Fill in this information to identif	y your case:				
Debtor 1 Charles		iman Name	Check if this is	•	
Debtor 2 Georgianne	Geo	dman	An amended filing		
(Spouse, Il Illing) First Name Middle Name Last Name			plement showing postpetition chapter 13		
Case number 5:22-bk-00188-l			04/22/202		j date:
(If known)			MM / DD / Y	YYY	
Official Form 106J	-				
Schedule J: Yo	ur Expenses				12/15
Be as complete and accurate as information. If more space is nee (if known). Answer every questio	ded, attach another sheet to thi				
Part 1: Describe Your Ho	ousehold				
1. Is this a joint case?					
No. Go to line 2.✓ Yes. Does Debtor 2 live in a	separate household?				
✓ No✓ Yes. Debtor 2 must	file Official Form 106J-2, <i>Expense</i>	es for Separate Househo	old of Debtor 2.		
2. Do you have dependents?	☑ No	Denendent's rel	Dependent's relationship to		Does dependent live
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information	on for Debtor 1 or Deb		Dependent's age	with you?
Do not state the dependents'				2	☐ No ☐ Yes
names.					☐ No
		***************************************		-	Yes
					☐ No
		1 .			☐ Yes
					☐ No ☐ Yes
					☐ Yes
		_			Yes
Do your expenses include expenses of people other than yourself and your dependents'	No Yes				
	oing Monthly Expenses				
Estimate your expenses as of your expenses as of a date after the batter applicable date. Include expenses paid for with no	ur bankruptcy filing date unless ankruptcy is filed. If this is a su	pplemental <i>Schedule</i> .	J, check the box at		
such assistance and have includ	~	-		Your expe	nses
 The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 		ayments and	4. \$	770.00	
If not included in line 4:					
4a. Real estate taxes				4a. \$	312.00
4b. Property, homeowner's, or	renter's insurance		•	4b. \$	89.00
4c. Home maintenance, repair	, and upkeep expenses			4c. \$	45.00
4d. Homeowner's association	or condominium dues			4d. \$	0.00

Case number (if known) 5:22-bk-00188-MJC Gedman

Charles

Debtor 1

6. Utilities: 6. Itilities: 6. Utilities: 6. Itilities: 6. Exercitely, heat, natural gas 6. \$ 3,045,00 6. Water, sewer, garbage collection 6. \$ 270,00 6. Telephone, cell phone, Internet, satellite, and cable services 6. \$ 270,00 6. Other, Specify: 7. \$ 400,00 7. Food and housekeeping supplies 7. \$ 400,00 8. Childcare and children's education costs 8. \$ 0,00 9. Childcare and children's education costs 8. \$ 45,00 9. Childcare and children's education costs 9. \$ 45,00 10. Children and drive expenses 11. \$ 50,00 11. Medical and dental expenses 11. \$ 50,00 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$ 235,00 13. Entertainment, clubs, recreation, newspapars, magazines, and books 13. \$ 40,00 14. Charitable contributions and religious donations 14. \$ 50,00 15. Insurance. 15. \$ 0,00 15. Health insurance deducted from your pay or included in lines 4 or 20. 15. \$ 0,00 15. Health insurance. 15. \$ 0,00 15. Child insurance. 15. \$ 0,00 15. Child insurance. 15. \$ 0,00				Your expenses	
	5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6a Electricity, heat, natural gas 345.00			0.		
86. Water, sewer, garbage collection 86. S 80.000 86. Telesphone, cell phone, Internet, satellitie, and cable services 86. S 270.000 86. Other. Specify:	0.		6a.	\$	345.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 270,00		· · · · · · · · · · · · · · · · · · ·		\$	
6d. Other, Specify:				\$	
7. Food and housekeeping supplies 7. \$ 400.00 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 45.00 10. Personal care products and services 10. \$ 50.00 11. Medical and dental expenses 11. \$ 50.00 12. Transportation, Include gas, maintenance, bus or train fare. Do not include care payments. 12. \$ 235.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 40.00 15. Insurance. 15. Insurance. 15. Insurance deducted from your pay or included in lines 4 or 20. 15. Life insurance 15. \$ 0.00 15. Life insurance Specify: 15. Clother insurance Specify: 15. Other Specify: 15. Othe				\$	0.00
10. Personal care products and services 10. \$ 50.00 11. Medical and dental expenses 11. \$ 50.00 12. Transportation, Include gas, maintenance, bus or train fere. 2 235.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 40.00 14. Charitable contributions and religious donations 14. \$ 80.00 15. Insurance 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. \$ 95.00 15d. Other insurance. Specify: 15d. \$ 0.00 15d. Other insurance. Specify: 15d. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00 15c. Car payments for Vehicle 2 17a. \$ 498.00 17c. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18d. Other payments for Vehicle 2 17b. \$ 0.00 19d. Other payments for alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106), \$ 0.00 19d. Other payments you make to support others who do not live with you. \$ 0.00 20d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. \$ 0.00 20d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. \$ 0.00 20d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. \$ 0.00 20d. Property, homeowner's, or renter's insurance \$ 0.00	7.			\$	400.00
10. Personal care products and services 10. \$ 50.00 11. Medical and dental expenses 11. \$ 50.00 12. Transportation. Include gas, maintenance, bus or train fare. 2 235.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 40.00 14. Charitable contributions and religious donations 14. \$ 80.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15b. Health insurance 15c. \$ 95.00 15c. Vehicle insurance 15c. \$ 95.00 15d. Other insurance. Specify: 16. \$ 0.00 15d. Other insurance 15d. \$ 0.00 15d. Other in	8.	Childcare and children's education costs	8.	\$	0.00
11. Medical and dental expenses 11. \$ 50.00 2. Transportation. Include gas, maintenance, bus or train fare. 2 235.00 3. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 40.00 4. Charitable contributions and religious donations 14. \$ 80.00 5. Insurance.	9.	Clothing, laundry, and dry cleaning	9.	\$	45.00
12 Transportation. Include gas, meintenance, bus or train fare. Do not include car payments. 12 \$ 235.00 13 Entertainment, clubs, recreation, newspapers, magazines, and books 13 \$ 40.00 14 Charitable contributions and religious donations 14 \$ 80.00 15 Insurance. 15 Insurance 15 \$ 0.00 16 Insurance 15 \$ 0.00 17 Installment or lease payments: 17 \$ 0.00 17 Installment or lease payments: 17 \$ 0.00 17 Installment or lease payments for Vehicle 1 17 \$ 0.00 17 Installment or lease payments for Vehicle 1 17 \$ 0.00 17 Other, Specify: 17 \$ 0.00 18 Your payments for Vehicle 1 17 \$ 0.00 19 Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106). 18 \$ 0.00 19 Other payments you make to support others who do not live with you. Specify: 19 \$ 0.00 19 Other payments you make to support others who do not live with you. Specify: 19 \$ 0.00 20 Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1. Your Income. 20 \$ 0.00 20 Other real property expenses not included in lines 4 or 5 of this form or on Schedule 2. Your Income. 20 \$ 0.00 20 Other real property expenses not included in lines 4 or 5 of this form or on Schedule 2. Your Income. 20 \$ 0.00 20 Other real property expenses not included in lines 4 or 5 of this form or on Sche	10.	Personal care products and services	10.	\$	50.00
Do not include car payments. 12. \$ 253.00	11.	Medical and dental expenses	11.	\$	50.00
14. Charitable contributions and religious donations 14. \$ 80.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. \$ 95.00 15d. Other insurance. Specify:	12.		12.	\$	235.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.00 15b. Health insurance 15c. \$ 95.00 15c. Vehicle insurance 15c. \$ 95.00 15d. Other insurance. Specify: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00 17c. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 498.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18d. Your payments or allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 18. \$ 0.00 19d. Other payments you make to support others who do not live with you. Specify: 19d. \$ 0.00 20d. Mortgages on other property 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00	13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	40.00
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	14.	Charitable contributions and religious donations		\$	80.00
15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. \$ 95.00 15d. Other insurance. Specify:	15.	4			
15c. Vehicle insurance 15c. \$ 95.00 15d. Other insurance. Specify:		15a. Life insurance	15a.	\$	0.00
15d. Other insurance. Specify:		15b. Health insurance	15b.	\$	0.00
15d. Other insurance. Specify:		15c. Vehicle insurance	15c.	\$	95.00
Specify:		15d. Other insurance. Specify:	15d.	\$	0.00
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: 19. \$ 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses	16.		16.	\$	0.00
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: 19. \$ 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses	17.	Installment or lease payments:			
17c. Other. Specify:			17a.	\$	498.00
17d. Other. Specify:		17b. Car payments for Vehicle 2	17b.	\$	0.00
17d. Other. Specify:		17c. Other. Specify:	17c.	\$	0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19. \$ 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00					0.00
Specify:	18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses	19.	Other payments you make to support others who do not live with you.			
20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		Specify:	19.	\$	0.00
20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00	20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.		
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		20a. Mortgages on other property	20a.	\$	0.00
20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		20b. Real estate taxes	20b.	\$	0.00
00 H		20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20e. Homeowner's association or condominium dues		20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
206.		20e. Homeowner's association or condominium dues	20e.	\$	0.00

21. Other. Specify: 21. +\$ 0. 22. Calculate your monthly expenses. 22a. Add lines 4 through 21. 22a. \$ 3,404.	Case number (if known) 5:22-bk-00188-MJC			
22a. Add lines 4 through 21.	00			
•				
23b Copy line 22 (monthly opened for Debtor 2) if any form Official Form 400 L2	00			
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b.	00			
22c. Add line 22a and 22b. The result is your monthly expenses.	<u>)0</u>			
23. Calculate your monthly net income.				
23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$4,038.	51			
23b. Copy your monthly expenses from line 22c above. 23b\$ 3,404	00			
23c. Subtract your monthly expenses from your monthly income.	51			
The result is your monthly net income.				
24. Do you expect an increase or decrease in your expenses within the year after you file this form?				
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?				
☑ No.				
☐ Yes. Explain here:				